Planning for ...
California's Health Care Future

OSHPD

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Healthcare Information Resource Center

Datafile Documentation for
Primary Care Utilization Report of Primary Care Clinics

For Calendar Year

1996

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GENERAL INFORMATION

The Office of Statewide Health Planning and Development (OSHPD) annually produces these files of data collected *via* the *Annual Utilization Report of Primary Care Clinics*. The data files include utilization information from reports filed by California's licensed Primary Care Clinics (licensed as Community or Free Clinics). OSHPD staff reviews each report for correctness and completeness. OSHPD contacts clinic staff when data reported appear incomplete or do not conform to established edits. If necessary, corrections are made to the data in consultation with the clinic staff. Once the review process for all reports has been completed, the database is closed and made available to the public. These data files contain data from the 1996 calendar year: January 1, 1996 through December 31, 1996.

This documentation includes descriptions of each data element (field). It may also be helpful to review the *Annual Utilization Report of Primary Care Clinics - 1996* reporting form. A copy of the form in PDF file format is included in Appendix B. Users can also view or download a copy of the reporting form instructions by accessing the OSHPD website or clicking this link:
 http://www.oshpd.state.ca.us/hid/infores/clinic/util/index.htm

Due to the large number of data items, the data are separated into two files. **Data File One** (clin96p1.txt) contains basic clinic identification information and the data items from the *Annual Utilization Report of Primary Care Clinics*, pages 0 through 6. **Data File Two** (clin96p2.txt) contains the data items from report pages 7 through 10.

Number of Clinics and Data File Changes from Prior Year

There are 639 clinics included in the data files. Each line (row) represents one clinic. There are 488 data fields (columns) that are spread over the two data files.

Importing Data Files

Each data file is in a comma-delimited text (TXT) format for use in spreadsheet and database applications.

Most spreadsheet or database programs require that you import files through their import feature. We suggest that you review your software's import features before you double-click the TXT files in this package. (Double-clicking a TXT file with Windows Explorer, for example, will only result in Wordpad or Notepad automatically opening the file. TXT files must be imported into your application). If you are having difficulties processing the TXT file format, please review the Readme.txt guide that is included in this package. If you continue to have problems, please contact the Healthcare Information Resource Center (HIRC) at (916) 322-2814. Be aware that the OSHPD staff can only answer technical data questions. You must contact the software company's technical support service regarding operation of your software.

The user may want to consider particular formats for the following fields during the import process:

Page Line Column	Field Name	Format Consideration
OSHPD_ID	OSHPD_ID	Use the same format in both data files
COUNTY	COUNTY	Leading zeros of 2-digit county codes
HSA	HSA	Leading zeros, 2-digit health service area codes
HFPA	HFPA	Leading zeros, hlth. fac. planning area codes
P000103	RPT_STATUS	Leading zeros of status codes
P020101	BEG_DATE	Dates
P020102	END_DATE	Dates

Header Rows

The first two rows in each data file are header rows containing field titles. The first row contains abbreviated English field descriptions. The second row displays field names that include the respective input document coordinates from the *Annual Utilization Report of Primary Care Clinics*, by page, line and column number. For example, the total number of clinic "Patients" is reported on page 2, line 19, column 1. In the second header row, the field name is P021901. (Field names for all reported data begin with a constant "P"). Note- the inclusion of two header rows is useful, however, users should use care when doing sorts that automatically include both header rows. Also, some titles in the first header row may need to be shortened as some software have limitations of 8 characters for field names.

Data File Documentation Description and Specifications Layout

Spreadsheet Columns
Indicates the column in which the data item is located if the file is imported into a spreadsheet. The columns are in alphabetical order.

Page, Line, & Column
This item represents the data field's coordinates by report page, line, and column in the the *Annual Utilization Report of Primary Care Clinics* input document.

Field Name
This lists the English abbreviated name for each field.

Field Description and Code Definitions
This field provides more information about the data item and will include a brief description or list of any codes or numbers that may affect the data item.

PRIMARY CARE CLINICS
Documentation for Using the 1996 Database

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Descriptions and Code Definitions
DATA FILE 1			
A	OSHPD_ID	OSHPD_ID	OSHPD Facility Number (9 digits)
B	COUNTY	COUNTY	County Number (See Appendix A)
C	PERMID	PERM_ID	OSHPD Permanent ID Number (5 digit number, OSHPD processes)
D	LICTYPE	LIC_TYPE	LFS License Type: 1 = Community Clinic 2 = Free Clinic
E	LICDATE	LIC_DATE	LFS First Licensed Date (CCYYMMDD)
F	LSTAT	LIC_STATUS_CODE	Status of clinics license: C=closed; S=suspense; [blank]=routine operation
G	LSTATDT	LIC_STATUS_DATE	Date of status of clinic license (CCYYMMDD)
H	OSTAT	RE-OPEN_CLIN_STATUS	Re-opened clin. & lic. code O=re-opened after suspense or closure
I	OSTATDT	RE-OPEN_CLIN_STATUS_DATE	Date clinic re-opened after suspense or closure
J	DBAName	FAC_NAME	Facility Name DBA (on12/31)
K	DBAAddr	ADDRESS	Address (DBA)
L	DBACity	CITY	City (DBA)
M	DBAZip	ZIP_CODE	Zip Code (DBA)
N	MLAttn	MAIL_ATTN	Attention (Mailing Address)
O	MLAddr	MAIL_ADD	Address (Mailing Address)
P	MLCity	MAIL_CITY	City (Mailing Address)
Q	MLState	MAIL_STATE	State (Mailing Address)
R	MLZIP	MAIL_ZIP	Zip Code (Mailing Address)
S	HSA	HSA	Health Service Area Codes: 01-14
T	HFPA	HFPA	Health Facility Planning Area 0101-1424
U	COMPSTAT	COMP_STATUS	**Computed Status Code** **Code Computed Status** C Closed during current calendar year K Consolidated during current calendar year NO New (licensed this calendar year), Operating in 12/31 NS New (licensed this calendar year), in Suspense on 12/31 NC New (licensed this calendar year), Closed on 12/31 NSM New (licensed this calendar year), in Suspense during the year, operating on 12/31 OA Operating all year SA In suspense all year SB In suspense on January 1, Operating on December 31 SE Operating on January 1, in Suspense on December 31 SM Operating on 1/1 & 12/31, in Suspense for a period during the year SBE In suspense on 1/1 & 12/31, Operating for a period during the year

PRIMARY CARE CLINICS
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Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Descriptions and Code Definitions
V	P000103	RPT_STATUS	**Report Status (combines facility licensure status & Annual Report status)** **Code** **Report/License Status** 01 License in suspense all year; no report required 02 License in suspense, data reported 03 License in suspense, non-responder 04 Clinic closed this calendar year, data reported 05 Clinic closed this calendar year, non-responder 06 Licensed, but not in operation 07 Clinic open, data reported 08 Clinic open, non responder 09 Clinic open, partial year data reported (change of ownership) 10 Clinic open, report a combination of data from 2 (or more) owners 11 Closed, data unavailable 12 New; first licensed in this calendar year, data reported 13 New; first licensed in this calendar year, non-responder 14 Clinic open, operating on 1/1 & 12/31, in suspense for a period during year, data reported 15 Clinic open, operating on 1/1/ & 12/31, in suspense for a period during year, non-responder
W	PHONE	PHONE	Phone Number
X	P020101	BEG_DATE	Dates of Operation: From (CCYYMMDD)
Y	P020102	END_DATE	Dates of Operation: Through (CCYYMMDD)
Z	P021901	PT_TOT	Total number of Patients (unduplicated)
AA	P021902	GRAND_TOT_ENCNTR	Grand total, Encounters of patient and provider
AB	P022001	PT_FMWRKR-BASED	Patients who are Farmworkers or Dependents of fmwrkrs
AC	P022002	ENCNTR_FMWRKR-BASED	Encounters of Farmworkers and/or Dependents
AD	P022101	VOLUNTEERS USED	The number of volunteers used during calendar year
AE	P022201	CLIN_CATEG_95-210	Clinic, category 95-210, Federal Rural Health Designation (1=yes)
AF	P022301	CLIN_CATEG_FQHC	Clinic, category FQHC (1=yes)
AG	P022401	CLIN_CATEG_FQHC-LOOK	Clinic, category FQHC "LOOK ALIKE" (1=yes)
AH	P022501	SCHOOL SVCS	Provided medical support services to a school system (1=yes)
AI	P022601	ARRANGED HEALTH SERCICES	Had a written agreement with agency to provide or arrange health services (1=yes)
AJ	P030201	EQUIP_DIAGN_VALUE	Diagnostic/Therapeutic Equip, value
AK	P030202	EQUIP_DIAGN_OSHPD_NO	Diagnostic/Therapeutic Equip, OSHPD project number
AL	P030204	EQUIP_DIAGN_ACQUI_MEANS	Diagnostic/Therapeutic Equip, means of acquisition
AM	P032101	TOTAL CAP_EXPEN_1_VALUE	Capital expenditure, 1, value
AN	P032102	TOTAL CAP_1_OSHPD_NO	Capital expenditure, 1, OSHPD number
AO	P032201	TOTAL CAP_EXPEN_2_VALUE	Capital expenditure, 2, value
AP	P032202	TOTAL CAP_2_OSHPD_NO	Capital expenditure, 2, OSHPD number
AQ	P032301	PHYSN_FTE	Physicians, fulltime equivalent
AR	P032401	PHYSN_ASST_FTE	Physician Assistants, fulltime equivalent
AS	P032501	NUR_FAM_PRACT_FTE	Family Nurse Practitioners, fulltime equivalent
AT	P032601	MIDWIV_FTE	Certified Nurse Midwives, fulltime equivalent
AU	P032701	NUR_HH-VISIT_FTE	Home Health Nurses or Visiting Nurses, fulltime equivalent

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Descriptions and Code Definitions
AV	P032801	DENTIST_FTE	Dentists, fulltime equivalent
AW	P040101	GEN_MED_DR_>=20	General Med, Encounter by Physician Provdr, 20 years and over
AX	P040102	GEN_MED_MID_>=20	General Med, Encounter by Mid-level Provdr, 20 years and over
AY	P040103	GEN_MED_OTH_>=20	General Med, Encounter by Other Provdr, 20 years and over
AZ	P040201	GEN_MED_DR_13-19	General Med, Encounter by Physician Provdr, 13 - 19 years
BA	P040202	GEN_MED_MID_13-19	General Med, Encounter by Mid-level Provdr, 13 - 19 years
BB	P040203	GEN_MED_OTH_13-19	General Med, Encounter by Other Provdr, 13 - 19 years
BC	P040301	GEN_MED_DR_0-12	General Med, Encounter by Physician Provdr, 0 - 12 years
BD	P040302	GEN_MED_MID_0-12	General Med, Encounter by Mid-level Provdr, 0 - 12 years
BE	P040303	GEN_MED_OTH_0-12	General Med, Encounter by Other Provdr, 0 - 12 years
BF	P040401	PERINATAL_PREVENT_DR_>=20	Perinatal, Prevent Encounter by Physician Provdr, 20 years and over
BG	P040402	PERINATAL_PREVENT_MID_>=20	Perinatal, Prevent Encounter by Mid-level Provdr, 20 years and over
BH	P040403	PERINATAL_PREVENT_OTH_>=20	Perinatal, Prevent Encounter by Other Provdr, 20 years and over
BI	P040404	PERINATAL_PREVENT_DENT_>=20	Perinatal, Prevent Encounter by Dental Provdr, 20 years and over
BJ	P040501	PUBL_HLTH_DR_>=20	Public Hlth, Prevent Encounter by Physician Provdr, 20 years and over
BK	P040502	PUBL_HLTH_MID_>=20	Public Hlth, Prevent Encounter by Mid-level Provdr, 20 years and over
BL	P040503	PUBL_HLTH_OTH_>=20	Public Hlth, Prevent Encounter by Other Provdr, 20 years and over
BM	P040504	PUBL_HLTH_DENT_>=20	Public Hlth, Prevent Encounter by Dental Provdr, 20 years and over
BN	P040601	OTH_PREVENT_DR_>=20	Other Prevent Encounter by Physician Provdr, 20 years and over
BO	P040602	OTH_PREVENT_MID_>=20	Other Prevent Encounter by Mid-level Provdr, 20 years and over
BP	P040603	OTH_PREVENT_OTH_>=20	Other Prevent Encounter by Other Provdr, 20 years and over
BQ	P040604	OTH_PREVENT_DENT_>=20	Other Prevent Encounter by Dental Provdr, 20 years and over
BR	P040701	PERINATAL_PREVENT_DR_13-19	Perinatal, Prevent Encounter by Physician Provdr, 13 - 19 years
BS	P040702	PERINATAL_PREVENT_MID_13-19	Perinatal, Prevent Encounter by Mid-level Provdr, 13 - 19 years
BT	P040703	PERINATAL_PREVENT_OTH_13-19	Perinatal, Prevent Encounter by Other Provdr, 13 - 19 years
BU	P040704	PERINATAL_PREVENT_DENT_13-19	Perinatal, Prevent Encounter by Dental Provdr, 13 - 19 years
BV	P040801	PUBL_HLTH_DR_13-19	Public Hlth, Prevent Encounter by Physician Provdr, 13 - 19 years
BW	P040802	PUBL_HLTH_MID_13-19	Public Hlth, Prevent Encounter by Mid-level Provdr, 13 - 19 years
BX	P040803	PUBL_HLTH_OTH_13-19	Public Hlth, Prevent Encounter by Other Provdr, 13 - 19 years
BY	P040804	PUBL_HLTH_DENT_13-19	Public Hlth, Prevent Encounter by Dental Provdr, 13 - 19 years
BZ	P040901	OTH_PREVENT_DR_13-19	Other Prevent Encounter by Physician Provdr, 13 - 19 years
CA	P040902	OTH_PREVENT_MID_13-19	Other Prevent Encounter by Mid-level Provdr, 13 - 19 years
CB	P040903	OTH_PREVENT_OTH_13-19	Other Prevent Encounter by Other Provdr, 13 - 19 years
CC	P040904	OTH_PREVENT_DENT_13-19	Other Prevent Encounter by Dental Provdr, 13 - 19 years
CD	P041001	PERINATAL_PREVENT_DR_0-12	Perinatal, Prevent Encounter by Physician Provdr, 0 - 12 years
CE	P041002	PERINATAL_PREVENT_MID_0-12	Perinatal, Prevent Encounter by Mid-level Provdr, 0 - 12 years
CF	P041003	PERINATAL_PREVENT_OTH_0-12	Perinatal, Prevent Encounter by Other Provdr, 0 - 12 years
CG	P041004	PERINATAL_PREVENT_DENT_0-12	Perinatal, Prevent Encounter by Dental Provdr, 0 - 12 years
CH	P041101	PUBL_HLTH_DR_0-12	Public Hlth, Prevent Encounter by Physician Provdr, 0 - 12 years
CI	P041102	PUBL_HLTH_MID_0-12	Public Hlth, Prevent Encounter by Mid-level Provdr, 0 - 12 years
CJ	P041103	PUBL_HLTH_OTH_0-12	Public Hlth, Prevent Encounter by Other Provdr, 0 - 12 years
CK	P041104	PUBL_HLTH_DENT_0-12	Public Hlth, Prevent Encounter by Dental Provdr, 0 - 12 years
CL	P041201	OTH_PREVENT_DR_0-12	Other Prevent Encounter by Physician Provdr, 0 - 12 years
CM	P041202	OTH_PREVENT_MID_0-12	Other Prevent Encounter by Mid-level Provdr, 0 - 12 years

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Descriptions and Code Definitions
CN	P041203	OTH_PREVENT_OTH_0-12	Other Prevent Encounter by Other Provdr, 0 - 12 years
CO	P041204	OTH_PREVENT_DENT_0-12	Other Prevent Encounter by Dental Provdr, 0 - 12 years
CP	P041301	FAM_PLN_DR_>=20	Family Plan (incl vasect) Encounter by Physician Provdr, 20 years and over
CQ	P041302	FAM_PLN_MID_>=20	Family Plan (incl vasect) Encounter by Mid-level Provdr, 20 years and over
CR	P041303	FAM_PLN_OTH_>=20	Family Plan (incl vasect) Encounter by Other Provdr, 20 years and over
CS	P041401	FAM_PLN_DR_13-19	Family Plan (incl vasect) Encounter by Physician Provdr, 13 - 19 years
CT	P041402	FAM_PLN_MID_13-19	Family Plan (incl vasect) Encounter by Mid-level Provdr, 13 - 19 years
CU	P041403	FAM_PLN_OTH_13-19	Family Plan (incl vasect) Encounter by Other Provdr, 13 - 19 years
CV	P041501	FAM_PLN_DR_0-12	Family Plan (incl vasect) Encounter by Physician Provdr, 0 - 12 years
CW	P041502	FAM_PLN_MID_0-12	Family Plan (incl vasect) Encounter by Mid-level Provdr, 0 - 12 years
CX	P041503	FAM_PLN_OTH_0-12	Family Plan (incl vasect) Encounter by Other Provdr, 0 - 12 years
CY	P041901	STD-NO_HIV_DR_>=20	Sexually Transm Dis (Excl. HIV) Encounter by Physician Provdr, 20 years and over
CZ	P041902	STD-NO_HIV_MID_>=20	Sexually Transm Dis (Excl. HIV) Encounter by Mid-level Provdr, 20 years and over
DA	P041903	STD-NO_HIV_OTH_>=20	Sexually Transm Dis (Excl. HIV) Encounter by Other Provdr, 20 years and over
DB	P042001	STD-NO_HIV_DR_13-19	Sexually Transm Dis (Excl. HIV) Encounter by Physician Provdr, 13 - 19 years
DC	P042002	STD-NO_HIV_MID_13-19	Sexually Transm Dis (Excl. HIV) Encounter by Mid-level Provdr, 13 - 19 years
DD	P042003	STD-NO_HIV_OTH_13-19	Sexually Transm Dis (Excl. HIV) Encounter by Other Provdr, 13 - 19 years
DE	P042101	STD-NO_HIV_DR_0-12	Sexually Transm Dis (Excl. HIV) Encounter by Physician Provdr, 0 - 12 years
DF	P042102	STD-NO_HIV_MID_0-12	Sexually Transm Dis (Excl. HIV) Encounter by Mid-level Provdr, 0 - 12 years
DG	P042103	STD-NO_HIV_OTH_0-12	Sexually Transm Dis (Excl. HIV) Encounter by Other Provdr, 0 - 12 years
DH	P046001	SUB_TOT-A_ENCNTR_DR_1	Encounter by Physician Provdr., subtotal A (added to grand total see: TOT_A-B-C_ENCNTR_DR)
DI	P046002	SUB_TOT-A_ENCNTR_MID_1	Encounter by Mid-level Provdr., subtotal A (added to grand total see: TOT_A-B-C_ENCNTR_MID)
DJ	P046003	SUB_TOT-A_ENCNTR_OTH_1	Encounter by Other Provdr., subtotal A (added to grand total see: TOT_A-B-C_ENCNTR_OTH)
DK	P046004	SUB_TOT-A_ENCNTR_DENT_1	Encounter by Dental Provdr., subtotal A (added to grand total see: TOT_A-B-C_ENCNTR_DENT)
DL	P052201	PRENATAL_DR_>=20	Prenatal Encounter by Physician Provdr, Total 20 years and over
DM	P052202	PRENATAL_MID_>=20	Prenatal Encounter by Mid-level Provdr, Total 20 years and over
DN	P052203	PRENATAL_OTH_>=20	Prenatal Encounter by Other Provdr, Total 20 years and over
DO	P052204	PRENATAL_DENT_>=20	Prenatal Encounter by Dental, Total 20 years and over
DP	P052301	BIRTHS_ DR TOT_>=20	Live Births Encounter by Physician Provdr, Total 20 years and over
DQ	P052302	BIRTHS_ MID TOT_>=20	Live Births Encounter by Mid-level Provdr, Total 20 years and over
DR	P052303	BIRTHS_ OTH TOT_>=20	Live Births Encounter by Other Provdr, Total 20 years and over
DS	P052401	BIRTHS_1.5-2.5KG_ DR _>=20	Live Births w/weight 1500-2500 grams Encounter by Physician Provdr 20 years and over
DT	P052402	BIRTHS_1.5-2.5KG_ MID _>=20	Live Births w/weight 1500-2500 grams Encounter by Mid-level Provdr 20 years and over
DU	P052403	BIRTHS_1.5-2.5KG_ OTH _>=20	Live Births w/weight 1500-2500 grams Encounter by Other Provdr 20 years and over
DV	P052501	BIRTHS_<1.5KG_ DR _>=20	Live Births w/weight under 1500 grams Encounter by Physician Provdr 20 years and over
DW	P052502	BIRTHS_<1.5KG_ MID _>=20	Live Births w/weight under 1500 grams Encounter by Mid-level Provdr 20 years and over
DX	P052503	BIRTHS_<1.5KG_ OTH _>=20	Live Births w/weight under 1500 grams Encounter by Other Provdr 20 years and over
DY	P052601	PRENATAL_DR_13-19	Prenatal Encounter by Physician Provdr, 13 - 19 years
DZ	P052602	PRENATAL_MID_13-19	Prenatal Encounter by Mid-level Provdr, 13 - 19 years
EA	P052603	PRENATAL_OTH_13-19	Prenatal Encounter by Other Provdr, 13 - 19 years
EB	P052604	PRENATAL_DENT_13-19	Prenatal Encounter by Dental Provdr, 13 - 19 years
EC	P052701	BIRTHS_ DR TOT_13-19	Live Births Encounter by Physician Provdr, Total 13 - 19 years
ED	P052702	BIRTHS_ MID TOT_13-19	Live Births Encounter by Mid-level Provdr, Total 13 - 19 years
EE	P052703	BIRTHS_ OTH TOT_13-19	Live Births Encounter by Other Provdr, Total 13 - 19 years

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Descriptions and Code Definitions
EF	P052801	BIRTHS_1.5-2.5KG_ DR _13-19	Live Births w/weight 1500-2500 grams Encounter by Physician Provdr , 13 - 19 years
EG	P052802	BIRTHS_1.5-2.5KG_ MID _13-19	Live Births w/weight 1500-2500 grams Encounter by Mid-level Provdr , 13 - 19 years
EH	P052803	BIRTHS_1.5-2.5KG_ OTH _13-19	Live Births w/weight 1500-2500 grams Encounter by Other Provdr , 13 - 19 years
EI	P052901	BIRTHS_<1.5KG_ DR _13-19	Live Births w/weight under 1500 grams Encounter by Physician Provdr , 13 - 19 years
EJ	P052902	BIRTHS_<1.5KG_ MID _13-19	Live Births w/weight under 1500 grams Encounter by Mid-level Provdr , 13 - 19 years
EK	P052903	BIRTHS_<1.5KG_ OTH _13-19	Live Births w/weight under 1500 grams Encounter by Other Provdr , 13 - 19 years
EL	P053001	PRENATAL_DR_0-12	Prenatal Encounter by Physician Provdr, 0 - 12 years
EM	P053002	PRENATAL_MID_0-12	Prenatal Encounter by Mid-level Provdr, 0 - 12 years
EN	P053003	PRENATAL_OTH_0-12	Prenatal Encounter by Other Provdr, 0 - 12 years
EO	P053004	PRENATAL_DENT_0-12	Prenatal Encounter by Dental Provdr, 0 - 12 years
EP	P053101	BIRTHS_ DR TOT_0-12	Live Births Encounter by Physician Provdr, Total 0 - 12 years
EQ	P053102	BIRTHS_ MID TOT_0-12	Live Births Encounter by Mid-level Provdr, Total 0 - 12 years
ER	P053103	BIRTHS_ OTH TOT_0-12	Live Births Encounter by Other Provdr, Total 0 - 12 years
ES	P053201	BIRTHS_1.5-2.5KG_ DR _0-12	Live Births w/weight 1500-2500 grams Encounter by Physician Provdr , 0 - 12 years
ET	P053202	BIRTHS_1.5-2.5KG_ MID _0-12	Live Births w/weight 1500-2500 grams Encounter by Mid-level Provdr , 0 - 12 years
EU	P053203	BIRTHS_1.5-2.5KG_ OTH _0-12	Live Births w/weight 1500-2500 grams Encounter by Other Provdr , 0 - 12 years
EV	P053301	BIRTHS_<1.5KG_ DR _0-12	Live Births w/weight under 1500 grams Encounter by Physician Provdr , 0 - 12 years
EW	P053302	BIRTHS_<1.5KG_ MID _0-12	Live Births w/weight under 1500 grams Encounter by Mid-level Provdr , 0 - 12 years
EX	P053303	BIRTHS_<1.5KG_ OTH _0-12	Live Births w/weight under 1500 grams Encounter by Other Provdr , 0 - 12 years
EY	P053401	HIV-TEST_DR_>=20	HIV-test Encounter by Physician Provdr, 20 years and over
EZ	P053402	HIV-TEST_MID_>=20	HIV-test Encounter by Mid-level Provdr, 20 years and over
FA	P053403	HIV-TEST_OTH_>=20	HIV-test Encounter by Other Provdr, 20 years and over
FB	P053501	HIV-CNSL_DR_>=20	HIV-Counsel Encounter by Physician Provdr, 20 years and over
FC	P053502	HIV-CNSL_MID_>=20	HIV-Counsel Encounter by Mid-level Provdr, 20 years and over
FD	P053503	HIV-CNSL_OTH_>=20	HIV-Counsel Encounter by Other Provdr, 20 years and over
FE	P053601	HIV-TEST_DR_13-19	HIV-test Encounter by Physician Provdr, 13 - 19 years
FF	P053602	HIV-TEST_MID_13-19	HIV-test Encounter by Mid-level Provdr, 13 - 19 years
FG	P053603	HIV-TEST_OTH_13-19	HIV-test Encounter by Other Provdr, 13 - 19 years
FH	P053701	HIV-CNSL_DR_13-19	HIV-Counsel Encounter by Physician Provdr, 13 - 19 years
FI	P053702	HIV-CNSL_MID_13-19	HIV-Counsel Encounter by Mid-level Provdr, 13 - 19 years
FJ	P053703	HIV-CNSL_OTH_13-19	HIV-Counsel Encounter by Other Provdr, 13 - 19 years
FK	P053801	HIV-TEST_DR_0-12	HIV-test Encounter by Physician Provdr, 0 - 12 years
FL	P053802	HIV-TEST_MID_0-12	HIV-test Encounter by Mid-level Provdr, 0 - 12 years
FM	P053803	HIV-TEST_OTH_0-12	HIV-test Encounter by Other Provdr, 0 - 12 years
FN	P053901	HIV-CNSL_DR_0-12	HIV-Counsel Encounter by Physician Provdr, 0 - 12 years
FO	P053902	HIV-CNSL_MID_0-12	HIV-Counsel Encounter by Mid-level Provdr, 0 - 12 years
FP	P053903	HIV-CNSL_OTH_0-12	HIV-Counsel Encounter by Other Provdr, 0 - 12 years
FQ	P054001	SUBS-ABU_DR_>=20	Subs Abuse Encounter by Physician Provdr, 20 years and over
FR	P054002	SUBS-ABU_MID_>=20	Subs Abuse Encounter by Mid-level Provdr, 20 years and over
FS	P054003	SUBS-ABU_OTH_>=20	Subs Abuse Encounter by Other Provdr, 20 years and over
FT	P054101	SUBS-ABU_DR_13-19	Subs Abuse Encounter by Physician Provdr, 13 - 19 years
FU	P054102	SUBS-ABU_MID_13-19	Subs Abuse Encounter by Mid-level Provdr, 13 - 19 years
FV	P054103	SUBS-ABU_OTH_13-19	Subs Abuse Encounter by Other Provdr, 13 - 19 years
FW	P054201	SUBS-ABU_DR_0-12	Subs Abuse Encounter by Physician Provdr, 0 - 12 years

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Descriptions and Code Definitions
FX	P054202	SUBS-ABU_MID_0-12	Subs Abuse Encounter by Mid-level Provdr, 0 - 12 years
FY	P054203	SUBS-ABU_OTH_0-12	Subs Abuse Encounter by Other Provdr, 0 - 12 years
FZ	P055901	SUB_TOT-B_ENCNTR_DR_1	Encounter by Physician Provdr., subtotal B (added to grand total see: TOT_A-B-C_ENCNTR_DR)
GA	P055902	SUB_TOT-B_ENCNTR_MID_1	Encounter by Mid-level Provdr., subtotal B (added to grand total see: TOT_A-B-C_ENCNTR_MID)
GB	P055903	SUB_TOT-B_ENCNTR_OTH_1	Encounter by Other Provdr., subtotal B (added to grand total see: TOT_A-B-C_ENCNTR_OTH)
GC	P055904	SUB_TOT-B_ENCNTR_DENT_1	Encounter by Dental Provdr., subtotal B (added to grand total see: TOT_A-B-C_ENCNTR_DENT)
GD	P064301	TOBAC_EDUC_DR_>=20	Tobacco Educ Encounter by Physician Provdr, 20 years and over
GE	P064302	TOBAC_EDUC_MID_>=20	Tobacco Educ Encounter by Mid-level Provdr, 20 years and over
GF	P064303	TOBAC_EDUC_OTH_>=20	Tobacco Educ Encounter by Other Provdr, 20 years and over
GG	P064401	TOBAC_EDUC_DR_13-19	Tobacco Educ Encounter by Physician Provdr, 13 - 19 years
GH	P064402	TOBAC_EDUC_MID_13-19	Tobacco Educ Encounter by Mid-level Provdr, 13 - 19 years
GI	P064403	TOBAC_EDUC_OTH_13-19	Tobacco Educ Encounter by Other Provdr, 13 - 19 years
GJ	P064501	TOBAC_EDUC_DR_0-12	Tobacco Educ Encounter by Physician Provdr, 0 - 12 years
GK	P064502	TOBAC_EDUC_MID_0-12	Tobacco Educ Encounter by Mid-level Provdr, 0 - 12 years
GL	P064503	TOBAC_EDUC_OTH_0-12	Tobacco Educ Encounter by Other Provdr, 0 - 12 years
GM	P064604	DENT_DR_>=20	Dental Encounter by Physician Provdr 20 years and over
GN	P064704	DENT_DR_13-19	Dental Encounter by Physician Provdr 13 - 19 years
GO	P064804	DENT_DR_0-12	Dental Encounter by Physician Provdr 0 - 12 years
GP	P064901	REHAB_OT-PT_DR_>=20	Rehab (OT, PT) Encounter by Physician Provdr, 20 years and over
GQ	P064902	REHAB_OT-PT_MID_>=20	Rehab (OT, PT) Encounter by Mid-level Provdr, 20 years and over
GR	P064903	REHAB_OT-PT_OTH_>=20	Rehab (OT, PT) Encounter by Other Provdr, 20 years and over
GS	P065001	REHAB_OT-PT_DR_13-19	Rehab (OT, PT) Encounter by Physician Provdr, 13 - 19 years
GT	P065002	REHAB_OT-PT_MID_13-19	Rehab (OT, PT) Encounter by Mid-level Provdr, 13 - 19 years
GU	P065003	REHAB_OT-PT_OTH_13-19	Rehab (OT, PT) Encounter by Other Provdr, 13 - 19 years
GV	P065101	REHAB_OT-PT_DR_0-12	Rehab (OT, PT) Encounter by Physician Provdr, 0 - 12 years
GW	P065102	REHAB_OT-PT_MID_0-12	Rehab (OT, PT) Encounter by Mid-level Provdr, 0 - 12 years
GX	P065103	REHAB_OT-PT_OTH_0-12	Rehab (OT, PT) Encounter by Other Provdr, 0 - 12 years
GY	P065201	MENTAL-HLTH_DR_>=20	Mental Health Encounter by Physician Provdr, 20 years and over
GZ	P065202	MENTAL-HLTH_MID_>=20	Mental Health Encounter by Mid-level Provdr, 20 years and over
HA	P065203	MENTAL-HLTH_OTH_>=20	Mental Health Encounter by Other Provdr, 20 years and over
HB	P065301	MENTAL-HLTH_DR_13-19	Mental Health Encounter by Physician Provdr, 13 - 19 years
HC	P065302	MENTAL-HLTH_MID_13-19	Mental Health Encounter by Mid-level Provdr, 13 - 19 years
HD	P065303	MENTAL-HLTH_OTH_13-19	Mental Health Encounter by Other Provdr, 13 - 19 years
HE	P065401	MENTAL-HLTH_DR_0-12	Mental Health Encounter by Physician Provdr, 0 - 12 years
HF	P065402	MENTAL-HLTH_MID_0-12	Mental Health Encounter by Mid-level Provdr, 0 - 12 years
HG	P065403	MENTAL-HLTH_OTH_0-12	Mental Health Encounter by Other Provdr, 0 - 12 years
HH	P065501	OTH_HLTH_SVC_DR_>=20	Other Health svcs Encounter by Physician Provdr, 20 years and over
HI	P065502	OTH_HLTH_SVC_MID_>=20	Other Health svcs Encounter by Mid-level Provdr, 20 years and over
HJ	P065503	OTH_HLTH_SVC_OTH_>=20	Other Health svcs Encounter by Other Provdr, 20 years and over
HK	P065601	OTH_HLTH_SVC_DR_13-19	Other Health svcs Encounter by Physician Provdr, 13 - 19 years
HL	P065602	OTH_HLTH_SVC_MID_13-19	Other Health svcs Encounter by Mid-level Provdr, 13 - 19 years
HM	P065603	OTH_HLTH_SVC_OTH_13-19	Other Health svcs Encounter by Other Provdr, 13 - 19 years
HN	P065701	OTH_HLTH_SVC_DR_0-12	Other Health svcs Encounter by Physician Provdr, 0 - 12 years
HO	P065702	OTH_HLTH_SVC_MID_0-12	Other Health svcs Encounter by Mid-level Provdr, 0 - 12 years

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Descriptions and Code Definitions
HP	P065703	OTH_HLTH_SVC_OTH_0-12	Other Health svcs Encounter by Other Provdr, 0 - 12 years
HQ	P065801	SUB_TOT-C_ENCNTR_DR_1	Encounter by Physician Provdr., subtotal C (added to grand total see: TOT_A-B-C_ENCNTR_DR)
HR	P065802	SUB_TOT-C_ENCNTR_MID_1	Encounter by Mid-level Provdr., subtotal C (added to grand total see: TOT_A-B-C_ENCNTR_MID)
HS	P065803	SUB_TOT-C_ENCNTR_OTH_1	Encounter by Other Provdr, subtotal C (added to grand total: TOT_A-B-C_ENCNTR_OTH)
HT	P065804	SUB_TOT-C_ENCNTR_DENT_1	Encounter by Dental Provdr., subtotal C (added to grand total see: TOT_A-B-C_ENCNTR_DENT)
HU	P065901	SUB_TOT-B_ENCNTR_DR_2	Encounter by Physician Provdr., subtotal B Repeat (not added to grand total: TOT_A-B-C_ENCNTR_DR)
HV	P065902	SUB_TOT-B_ENCNTR_MID_2	Encounter by Mid-level Provdr., subtotal B Repeat (not added to grand total: TOT_A-B-C_ENCNTR_MID)
HW	P065903	SUB_TOT-B_ENCNTR_OTH_2	Encounter by Other Provdr., subtotal B Repeat (not added to grand total: TOT_A-B-C_ENCNTR_OTH)
HX	P065904	SUB_TOT-B_ENCNTR_DENT_2	Encounter by Dental Provdr., subtotal B Repeat (not added to grand total: TOT_A-B-C_ENCNTR_DENT)
HY	P066001	SUB_TOT-A_ENCNTR_DR_2	Encounter by Physician Provdr., subtotal A Repeat (not added to grand total: TOT_A-B-C_ENCNTR_DR)
HZ	P066002	SUB_TOT-A_ENCNTR_MID_2	Encounter by Mid-level Provdr., subtotal A Repeat (not added to grand total: TOT_A-B-C_ENCNTR_MID)
IA	P066003	SUB_TOT-A_ENCNTR_OTH_2	Encounter by Other Provdr., subtotal A Repeat (not added to grand total: TOT_A-B-C_ENCNTR_OTH)
IB	P066004	SUB_TOT-A_ENCNTR_DENT_2	Encounter by Dental Provdr., subtotal A Repeat (not added to grand total: TOT_A-B-C_ENCNTR_DENT)
IC	P066101	TOT_A-B-C_ENCNTR_DR	Encounter by Physician Provdr., Grand Total of subtotals A,B, and C
ID	P066102	TOT_A-B-C_ENCNTR_MID	Encounter by Mid-level Provdr., Grand Total of subtotals A,B, and C
IE	P066103	TOT_A-B-C_ENCNTR_OTH	Encounter by Other Provdr, Grand Total of subtotals A,B, and C
IF	P066104	TOT_A-B-C_ENCNTR_DENT	Encounter by Dental Provdr., Grand Total of subtotals A,B, and C

DATA FILE 2			
A	OSHPD_ID	OSHPD_ID	OSHPD Facility Number (9 digits & repeat of Field 1)
B	P070101	MCARE_PT_PAY	Patients, Medicare, Payer
C	P070102	MCARE_ENCNTR_PAY	Encounters, Medicare, Payer
D	P070103	MCARE_FULL_CHG_PAY	Patient Charges (100% rate), Medicare, Payer
E	P070104	MCARE_COLL_PAY	Collections, Medicare, Payer
F	P070105	MCARE_WRITE_OFF_PAY	Write-offs/Adjustments, Medicare, Payer
G	P070106	MCARE_SLID_SCALE_PAY	Sliding Fee Scale Adj., Medicare, Payer
H	P070107	MCARE_FREE_COMP_PAY	Free/Complimentary, Medicare, Payer
I	P070108	MCARE_C_ADJ_PAY	Contractual Adjustments, Medicare, Payer
J	P070201	MCAL_PT_PAY	Patients, Medi-Cal, Payer
K	P070202	MCAL_ENCNTR_PAY	Encounters, Medi-Cal, Payer
L	P070203	MCAL_FULL_CHG_PAY	Patient Charges (100% rate), Medi-Cal, Payer
M	P070204	MCAL_COLL_PAY	Collections, Medi-Cal, Payer
N	P070205	MCAL_WRITE_OFF_PAY	Write-offs/Adjustments, Medi-Cal, Payer
O	P070206	MCAL_SLID_SCALE_PAY	Sliding Fee Scale Adj., Medi-Cal, Payer
P	P070207	MCAL_FREE_COMP_PAY	Free/Complimentary, Medi-Cal, Payer
Q	P070208	MCAL_C_ADJ_PAY	Contractual Adjustments, Medi-Cal, Payer
R	P070301	SLIAG_PT_PAY	Patients, State Legalization Impact Assist., (SLIAG), Payer
S	P070302	SLIAG_ENCNTR_PAY	Encounters, State Legalization Impact Assist., (SLIAG), Payer
T	P070303	SLIAG_FULL_CHG_PAY	Patient Charges (100% rate), State Legalization Impact Assist., (SLIAG), Payer
U	P070304	SLIAG_COLL_PAY	Collections, State Legalization Impact Assist., (SLIAG), Payer
V	P070305	SLIAG_WRITE_OFF_PAY	Write-offs/Adjustments, State Legalization Impact Assist., (SLIAG), Payer
W	P070306	SLIAG_SLID_SCALE_PAY	Sliding Fee Scale Adj., State Legalization Impact Assist., (SLIAG), Payer
X	P070307	SLIAG_FREE_COMP_PAY	Free/Complimentary, State Legalization Impact Assist., (SLIAG), Payer
Y	P070308	SLIAG_C_ADJ_PAY	Contractual Adjustments, State Legalization Impact Assist., (SLIAG), Payer

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Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Descriptions and Code Definitions
Z	P070401	CHDP_PT_PAY	Patients, Child Hlth. Disab Treat., Payer
AA	P070402	CHDP_ENCNTR_PAY	Encounters, Child Hlth. Disab Treat., Payer
AB	P070403	CHDP_FULL_CHG_PAY	Patient Charges (100% rate), Child Hlth. Disab Treat., Payer
AC	P070404	CHDP_COLL_PAY	Collections, Child Hlth. Disab Treat., Payer
AD	P070405	CHDP_WRITE_OFF_PAY	Write-offs/Adjustments, Child Hlth. Disab Treat., Payer
AE	P070406	CHDP_SLID_SCALE_PAY	Sliding Fee Scale Adj., Child Hlth. Disab Treat., Payer
AF	P070407	CHDP_FREE_COMP_PAY	Free/Complimentary, Child Hlth. Disab Treat., Payer
AG	P070408	CHDP_C_ADJ_PAY	Contractual Adjustments, Child Hlth. Disab Treat., Payer
AH	P070501	MISP_PT_PAY	Patients, Med Indig. Adult Svc., Payer
AI	P070502	MISP_ENCNTR_PAY	Encounters, Med Indig. Adult Svc., Payer
AJ	P070503	MISP_FULL_CHG_PAY	Patient Charges (100% rate), Med Indig. Adult Svc., Payer
AK	P070504	MISP_COLL_PAY	Collections, Med Indig. Adult Svc., Payer
AL	P070505	MISP_WRITE_OFF_PAY	Write-offs/Adjustments, Med Indig. Adult Svc., Payer
AM	P070506	MISP_SLID_SCALE_PAY	Sliding Fee Scale Adj., Med Indig. Adult Svc., Payer
AN	P070507	MISP_FREE_COMP_PAY	Free/Complimentary, Med Indig. Adult Svc., Payer
AO	P070508	MISP_C_ADJ_PAY	Contractual Adjustments, Med Indig. Adult Svc., Payer
AP	P070601	CMSP_PT_PAY	Patients, Co. Med Svcs, Payer
AQ	P070602	CMSP_ENCNTR_PAY	Encounters, Co. Med Svcs, Payer
AR	P070603	CMSP_FULL_CHG_PAY	Patient Charges (100% rate), Co. Med Svcs, Payer
AS	P070604	CMSP_COLL_PAY	Collections, Co. Med Svcs, Payer
AT	P070605	CMSP_WRITE_OFF_PAY	Write-offs/Adjustments, Co. Med Svcs, Payer
AU	P070606	CMSP_SLID_SCALE_PAY	Sliding Fee Scale Adj., Co. Med Svcs, Payer
AV	P070607	CMSP_FREE_COMP_PAY	Free/Complimentary, Co. Med Svcs, Payer
AW	P070608	CMSP_C_ADJ_PAY	Contractual Adjustments, Co. Med Svcs, Payer
AX	P070701	EAPC_PT_PAY	Patients, Expanded Acc. Prim Care, Payer
AY	P070702	EAPC_ENCNTR_PAY	Encounters, Expanded Acc. Prim Care, Payer
AZ	P070703	EAPC_FULL_CHG_PAY	Patient Charges (100% rate), Expanded Acc. Prim Care, Payer
BA	P070704	EAPC_COLL_PAY	Collections, Expanded Acc. Prim Care, Payer
BB	P070705	EAPC_WRITE_OFF_PAY	Write-offs/Adjustments, Expanded Acc. Prim Care, Payer
BC	P070706	EAPC_SLID_SCALE_PAY	Siding Fee Scale Adj., Expanded Acc. Prim Care, Payer
BD	P070707	EAPC_FREE_COMP_PAY	Free/Complimentary, Expanded Acc. Prim Care, Payer
BE	P070708	EAPC_C_ADJ_PAY	Contractual Adjustments, Expanded Acc. Prim Care, Payer
BF	P070801	OTH_CO_PROG _PT_PAY	Patients, Other County, Payer
BG	P070802	OTH_CO_PROG_ENCNTR_PAY	Encounters, Other County, Payer
BH	P070803	OTH_CO_PROG_FULL_CHG_PAY	Patient Charges (100% rate), Other County, Payer
BI	P070804	OTH_CO_PROG_COLL_PAY	Collections, Other County, Payer
BJ	P070805	OTH_CO_PROG_WRITE_OFF_PAY	Write-offs/Adjustments, Other County, Payer
BK	P070806	OTH_CO_PROG_SLID_SCALE_PAY	Sliding Fee Scale Adj., Other County, Payer
BL	P070807	OTH_CO_PROG_FREE_COMP_PAY	Free/Complimentary, Other County, Payer
BM	P070808	OTH_CO_PROG_C_ADJ_PAY	Contractual Adjustments, Other County, Payer
BN	P070901	OTH_ST_PROG_PT_PAY	Patients, Other State, Payer
BO	P070902	OTH_ST_PROG_ENCNTR_PAY	Encounters, Other State, Payer
BP	P070903	OTH_ST_PROG_FULL_CHG_PAY	Patient Charges (100% rate), Other State, Payer
BQ	P070904	OTH_ST_PROG_COLL_PAY	Collections, Other State, Payer

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Descriptions and Code Definitions
BR	P070905	OTH_ST_PROG_WRITE_OFF_PAY	Write-offs/Adjustments, Other State, Payer
BS	P070906	OTH_ST_PROG_SLID_SCALE_PAY	Sliding Fee Scale Adj., Other State, Payer
BT	P070907	OTH_ST_PROG_FREE_COMP_PAY	Free/Complimentary, Other State, Payer
BU	P070908	OTH_ST_PROG_C_ADJ_PAY	Contractual Adjustments, Other State, Payer
BV	P071001	PVT_INS_PT_PAY	Patients, Private Insurance, Payer
BW	P071002	PVT_INS_ENCNTR_PAY	Encounters, Private Insurance, Payer
BX	P071003	PVT_INS_FULL_CHG_PAY	Patient Charges (100% rate), Private Insurance, Payer
BY	P071004	PVT_INS_COLL_PAY	Collections, Private Insurance, Payer
BZ	P071005	PVT_INS_WRITE_OFF_PAY	Write-offs/Adjustments, Private Insurance, Payer
CA	P071006	PVT_INS_SLID_SCALE_PAY	Sliding Fee Scale Adj., Private Insurance, Payer
CB	P071007	PVT_INS_FREE_COMP_PAY	Free/Complimentary, Private Insurance, Payer
CC	P071008	PVT_INS_C_ADJ_PAY	Contractual Adjustments, Private Insurance, Payer
CD	P071101	SELF-PAY_PT_PAY	Patients, Self-pay, Payer
CE	P071102	SELF-PAY_ENCNTR_PAY	Encounters, Self-pay, Payer
CF	P071103	SELF-PAY_FULL_CHG_PAY	Patient Charges (100% rate), Self-pay, Payer
CG	P071104	SELF-PAY_COLL_PAY	Collections, Self-pay, Payer
CH	P071105	SELF-PAY_WRITE_OFF_PAY	Write-offs/Adjustments, Self-pay, Payer
CI	P071106	SELF-PAY_SLID_SCALE_PAY	Sliding Fee Scale Adj., Self-pay, Payer
CJ	P071107	SELF-PAY_FREE_COMP_PAY	Free/Complimentary, Self-pay, Payer
CK	P071109	SELF-PAY_BAD_DEBT_PAY	Bad Debt, Self-pay, Payer
CL	P071201	NON-PAY_PT_PAY	Patients, Non-pay, Payer
CM	P071202	NON-PAY_ENCNTR_PAY	Encounters, Non-pay, Payer
CN	P071203	NON-PAY_FULL_CHG_PAY	Patient Charges (100% rate), Non-pay, Payer
CO	P071205	NON-PAY_WRITE_OFF_PAY	Write-offs/Adjustments, Non-pay, Payer
CP	P071207	NON-PAY_FREE_COMP_PAY	Free/Complimentary, Non-pay, Payer
CQ	P071401	OTH_PAYER_PT_PAY	Patients, Other Payer
CR	P071402	OTH_PAYER_ENCNTR_PAY	Encounters, Other Payer
CS	P071403	OTH_PAYER_FULL_CHG_PAY	Patient Charges (100% rate), Other Payer
CT	P071404	OTH_PAYER_COLL_PAY	Collections, Other Payer
CU	P071405	OTH_PAYER_WRITE_OFF_PAY	Write-offs/Adjustments, Other Payer
CV	P071406	OTH_PAYER_SLID_SCALE_PAY	Sliding Fee Scale Adj., Other Payer
CW	P071407	OTH_PAYER_FREE_COMP_PAY	Free/Complimentary, Other Payer
CX	P071408	OTH_PAYER_C_ADJ_PAY	Contractual Adjustments, Other Payer
CY	P071501	PT_TOT_PAY	Patients, All Payers, Total
CZ	P071502	ENCNTR_TOT_PAY	Encounters, All Payers, Total
DA	P071503	FULL_CHG_TOT_PAY	Patient Charges (100% rate), All Payers, Total
DB	P071504	COLL_TOT_PAY	Collections, All Payers, Total
DC	P071505	WRITE_OFF_TOT_PAY	Write-offs/Adjustments, All Payers, Total
DD	P071506	SLID_SCALE_TOT_PAY	Sliding Fee Scale Adj., All Payers, Total
DE	P071507	FREE_COMP_TOT_PAY	Free/Complimentary, All Payers, Total
DF	P071508	C_ADJ_TOT_PAY	Contractual Adjustments, All Payers, Total
DG	P071509	BAD_DEBT_TOT_PAY	Bad Debt, All Payers, Total
DH	P080101	EXP_SAL	Salaries, expense
DI	P080201	EXP_SUPP_OFC	Supplies-Office, expense

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Descriptions and Code Definitions
DJ	P080301	EXP_SUPP_MED-DENT	Supplies-Medical/Dental, expense
DK	P080401	EXP_RENT_DEPRC	Rent/Mortgage, deprec. Interest, expense
DL	P080501	EXP_UTIL	Utilities, expense
DM	P080601	EXP_OTH	Other, expense
DN	P080701	EXP_TOT	Total Expenses (Operating Costs)
DO	P081003	NET_PT_RV_TOT	Net Patient Revenue, Total
DP	P081201	NETRV_FED-CON	Net Rev, Contract, Federal source
DQ	P081202	NETRV_FED-GNT	Net Rev, Grant, Federal source
DR	P081203	NETRV_FED_TOT	Net Rev, Total Federal Contract/Grant
DS	P081301	NETRV_ST-CON	Net Rev, Contract, State source
DT	P081302	NETRV_ST-GNT	Net Rev, Grant, State source
DU	P081303	NETRV_ST-GNT_TOT	Net Rev, Total State Contract/Grant
DV	P081401	NETRV_CO-CON	Net Rev, Contract, County source
DW	P081402	NETRV_CO-GNT	Net Rev, Grant, County source
DX	P081403	NETRV_CO-GNT_TOT	Net Rev, Total County Contract/Grant
DY	P081501	NETRV_LOC-CON	Net Rev, Grant, Local source
DZ	P081502	NETRV_LOC-GNT	Net Rev, Total Local Contract/Grant
EA	P081503	NETRV_LOC-GNT_TOT	Net Rev, Total Private/Other Contract/Grant
EB	P081601	NETRV_OTH-CON	Net Rev, Contract, Other source
EC	P081602	NETRV_OTH-GNT	Net Rev, Grant, Other source
ED	P081603	NETRV_OTH-GNT_TOT	Net Rev, Total Other Contract/Grant
EE	P081703	NETRV_HMO_TOT	Net Rev, Total HMO
EF	P081803	DONAT_CONTR_TOT	Total Donations/Contributions
EG	P081903	OP_REV_GRAND_TOT	Total Operating Revenue
EH	P082003	EXP_TOT	Operating Expenses
EI	P082103	NET_FRM_OP	Net from Operations
EJ	P090101	SVC_OUTREACH	Outreach svcs. provided, number contacts
EK	P090201	SVC_COMM_EDUC	Community Education svcs. provided, number contacts
EL	P090301	SVC_SOC_SVC	Social Services svcs. provided, number contacts
EM	P090401	SVC_SUBS_ABU	Substance Abuse svcs. provided, number contacts
EN	P090501	SVC_VOC_TRN	Vocational Training/Placement svcs. provided, number contacts
EO	P090601	SVC_DISAS_RELF	Disaster Relief svcs. provided, number contacts
EP	P090701	SVC_CHLD_CARE	Child Care svcs. provided, number contacts
EQ	P090801	SVC_LEGAL	Legal svcs. provided, number contacts
ER	P090901	SVC_ENVIR_HLTH	Environmental Health svcs. provided, number contacts
ES	P091001	SVC_TRANSPORT	Transportation svcs. provided, number contacts
ET	P091101	SVC_COMM_NUTR	Community Nutrition svcs. provided, number contacts
EU	P091201	SVC_ADULT_DAY	Adult Day Care svcs. provided, number contacts
EV	P091301	SVC_HOMELESS	Homeless svcs. provided, number contacts
EW	P091401	SVC_OTH	Other svcs. provided, number contacts
EX	P091501	BILINGUAL_SVC	Bilingual/multilingual services provided (1=yes)
EY	P091601	ARMEN_LANG_STF	Armenian spoken by staff
EZ	P091701	ARAB_LANG_STF	Arabic spoken by staff
FA	P091801	CANTON_LANG_STF	Chinese (Cantonese) spoken by staff

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Descriptions and Code Definitions
FB	P091901	MANDAR_LANG_STF	Chinese (Mandarin) spoken by staff
FC	P092001	FR_LANG_STF	French spoken by staff
FD	P092101	GER_LANG_STF	German spoken by staff
FE	P092201	HINDU_LANG_STF	Hindustani spoken by staff
FF	P092301	JAPAN_LANG_STF	Japanese spoken by staff
FG	P092401	KOREA_LANG_STF	Korean spoken by staff
FH	P092501	PORTUG_LANG_STF	Portuguese spoken by staff
FI	P092601	PUNJA_LANG_STF	Punjabi spoken by staff
FJ	P092701	SIGN_LANG_STF	Sign Language spoken by staff
FK	P092801	SPAN_LANG_STF	Spanish spoken by staff
FL	P092901	TAGALOG_LANG_STF	Tagalog spoken by staff
FM	P093001	VIETN_LANG_STF	Vietnamese spoken by staff
FN	P093101	OTH_LANG_STF	Other languages spoken by staff
FO	P094101	ENG_NOT_PRIM_PT_%	English Not Primary Language (% Patients)
FP	P094201	LANG_IF_ENG_NOT_PRIM	Primary Spoken Language, if not English
FQ	P100301	DISEASE_COMMUNIC_RPTD	Reportable Communicable Diseases, number
FR	P100401	IMMUNIZATIONS	Immunizations, number
FS	P100501	ASSESSMENTS	Assements, number
FT	P100601	CHDP_MED_TREAT	Child Hlth & Dis Preven Medical svc - Treatments
FU	P100701	CHDP_MED_REF	Child Hlth & Dis Preven Medical svc - Referrals
FV	P100801	CHDP_MED_FOLL	Child Hlth & Dis Preven Medical svc - Follow-ups
FW	P100901	CHDP_DENT_TREAT	Child Hlth & Dis Preven Dental svc - Treatments
FX	P101001	CHDP_DENT_REF	Child Hlth & Dis Preven Dental svc - Referrals
FY	P101101	CHDP_DENT_FOLL	Child Hlth & Dis Preven Dental svc - Follow-ups
FZ	P101201	CHDP_OTH_TREAT	Child Hlth & Dis Preven Other svc - Treatments
GA	P101301	CHDP_OTH_REF	Child Hlth & Dis Preven Other svc - Referrals
GB	P101401	CHDP_OTH_FOLL	Child Hlth & Dis Preven Other svc - Follow-ups
GC	P101501	ASIAN_PT	Asian patient, number
GD	P101601	BLACK_PT	Black patient, number
GE	P101701	WHITE_PT	White patient, number
GF	P101801	HISPANIC_PT	Hispanic patient, number
GG	P101901	FILIPINO_PT	Filipino patient, number
GH	P102001	NATIVE AMERICAN_PT	Native American patient, number
GI	P102101	PACIFIC ISLANDER_PT	Pacific Islander patient, number
GJ	P102201	PT_RACE_UNREPT	Unreported or unknown race/ethnicity of patient, number
GK	P102301	TOT_PT	Total patient, number
GL	P102401	M_<1_YR	Male, Under 1 year
GM	P102402	F_<1_YR	Female, Under 1 year
GN	P102501	M_1-4_YR	Male, 1-4 years
GO	P102502	F_1-4_YR	Female, 1-4 years
GP	P102601	M_5-12_YR	Male, 5-12 years
GQ	P102602	F_5-12_YR	Female, 5-12 years
GR	P102701	M_13-19_YR	Male, 13 - 19 years
GS	P102702	F_13-19_YR	Female, 13 - 19 years

PRIMARY CARE CLINICS
Documentation for Using the 1996 Database

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Descriptions and Code Definitions
GT	P102801	M_20-34_YR	Male, 20-34 years
GU	P102802	F_20-34_YR	Female, 20-34 years
GV	P102901	M_35-44_YR	Male, 35-44 years
GW	P102902	F_35-44_YR	Female, 35-44 years
GX	P103001	M_45-64_YR	Male, 45-64 years
GY	P103002	F_45-64_YR	Female, 45-64 years
GZ	P103101	M_>=65_YR	Male, 65 years & older
HA	P103102	F_>=65_YR	Female, 65 years & older
HB	P103201	TOT_M	Male, total
HC	P103202	TOT_F	Female, total
HD	P103401	POV_<100%	Poverty level below 100%, patient
HE	P103501	POV_100-200%	Poverty level 100-200%, patient
HF	P103601	POV_>200%	Poverty level over 200%, patient
HG	P103701	TOT_POV_PT	Poverty level, patients

See Data Exception Code Documentation (page 11 of Annual Report of Primary Care Clinics file) on next page

PRIMARY CARE CLINICS
Documentation for Using the 1996 Database

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Descriptions and Code Definitions
		DataException Codes (entered by OSHPD staff onto page 11): 0 = No Data Exeption 3 = Totals and Details Inconsistent 1 = Missing Data 4 = Details Do Not Sum to Totals 2 = Partial Year Data 5 = Questionable/Unverifiable Data	
HH	P110101	Poverty	Poverty - Data Exception Code
HI	P110201	Number of Patients	Number of Patients - Data Exception Code
HJ	P110301	Number of Encounters	Number of Encounters - Data Exception Code
HK	P110401	Total Age/Gender	Total Age/Gender - Data Exception Code
HL	P110501	Number of Volunteers	Number of Volunteers - Data Exception Code
HM	P110601	Abortions (Age 20+)	Abortionss (Age 20+) - Data Exception Code
HN	P110701	Abortions (Age 13-19)	Abortions (Age 13-19) - Data Exception Code
HO	P110801	Abortions (Age 12 & under)	Abortions (Age 12 & under) - Data Exception Code
HP	P110901	Diag./Therap. Equipment Acquired	Diag./Therap. Equipment Acquired - Data Exception Code
HQ	P111001	OSHPD Project Number	OSHPD Project Number - Data Exception Code
HR	P111101	Project GT $1,000,000	Project GT $1,000,000 - Data Exception Code
HS	P111201	OSHPD Project Number	OSHPD Project Number - Data Exception Code
HT	P111301	Primary Care Practicners	Primary Care Practicners - Data Exception Code
HU	P111401	Primary Language Other than English	Primary Language Other than English - Data Exception Code
HV	P111501	Total Race/Ethnicity	Total Race/Ethnicity - Data Exception Code
HW	P111601	Total Services Provided	Total Services Provided - Data Exception Code
HX	P111701	Primary Language	Primary Language - Data Exception Code
HY	P111801	Total Charges/Revenues	Total Charges/Revenues - Data Exception Code
HZ	P111901	Total Number of Patients	Total Number of Patients - Data Exception Code
IA	P112001	Total Number of Encounters	Total Number of Encounters - Data Exception Code
IB	P112101	Total Collections	Total Collections - Data Exception Code
IC	P112201	Total Write-Offs	Total Write-Offs - Data Exception Code
ID	P112301	Total Operating Expenses	Total Operating Expenses - Data Exception Code
IE	P112401	Total Operating Revenue Contract	Total Operating Revenue Contract - Data Exception Code
IF	P112501	Total Operating Revenue Grant	Total Operating Revenue Grant - Data Exception Code
IG	P112601	Total Operating Revenue	Total Operating Revenue - Data Exception Code
IH	P112701	Net from Operations	Net from Operations - Data Exception Code
II	P112801	Additional Service Information	Additional Service Information - Data Exception Code
IJ	P112901	Other Community Service Contracts	Other Community Service Contracts - Data Exception Code
IK	P113201	Donations/Contributions	Donations/Contributions - Data Exception Code

Appendix A

California Counties

APPENDIX A

COUNTIES OF CALIFORNIA
NAMES AND CODE NUMBERS

COUNTY		COUNTY		COUNTY	
#	**Name**	**#**	**Name**	**#**	**Name**
01	Alameda	20	Madera	40	San Luis Obispo
02	Alpine	21	Marin	41	San Mateo
03	Amador	22	Mariposa	42	Santa Barbara
04	Butte	23	Mendocino	43	Santa Clara
05	Calaveras	24	Merced	44	Santa Cruz
06	Colusa	25	Modoc	45	Shasta
07	Contra Costa	26	Mono	46	Sierra
08	Del Norte	27	Monterey	47	Siskiyou
09	El Dorado	28	Napa	48	Solano
10	Fresno	29	Nevada	49	Sonoma
11	Glenn	30	Orange	50	Stanislaus
12	Humboldt	31	Placer	51	Sutter
13	Imperial	32	Plumas	52	Tehama
14	Inyo	33	Riverside	53	Trinity
15	Kern	34	Sacramento	54	Tulare
16	Kings	35	San Benito	55	Tuolumne
17	Lake	36	San Bernardino	56	Ventura
18	Lassen	37	San Diego	57	Yolo
19	Los Angeles	38	San Francisco	58	Yuba
		39	San Joaquin		

Appendix B

Annual Utilization Report of Primary Care Clinics

(Blank copy of reporting form)

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 1996

Licensed Community and Free Clinics

```
┌─────────────────────────────────────┐
│                                     │
│         STATE USE ONLY              │
│        **Page 0, Line 1**           │
│                                     │
│                        Col. 3       │
│   STATUS          _____       │
│                                     │
└─────────────────────────────────────┘
```

Return **BY FEBRUARY 15, 1997** to:
Office of Statewide Health Planning
   and Development
Accounting and Reporting Systems Section
Licensed Services Data and Compliance Unit
818 K Street, Rm. 400
Sacramento, CA 95814

Completion of this "Annual Utilization Report of Primary Care Clinics" is required by Sections 127285 and Section 1216 of the Health and Safety Code. Failure to complete and file this report by February 15, may result in suspension of the clinic's license.

Please refer to the instructions as you complete the form. If you have any questions or need assistance in completing the form, please contact the Office at (916) 322-7422 or (916) 323-7685.

I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility and the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with it contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.

_____
Administrator's Name (Please Print)

_____
Name of person completing form and /or contact
person for any follow-up questions (Please Print)

_____
Administrator's Signature

_____
Print Title and Department of Person Responsible
for the Report

_____
Date

(____) _____
Area Code   Phone   Ext.

3. (____) _____
   Area Code   Facility Phone Number

(____) _____
Area Code   FAX Number

DATES OF OPERATION

A.   **COMPLETE THIS LINE ONLY IF YOUR CLINIC WAS DELICENSED (CLOSED), WENT INTO SUSPENSE, NEWLY OPENED <u>OR</u> CHANGED LICENSEE/OWNERSHIP IN 1996.**

<div align="center">Col. 1   Col. 2</div>

11.   FROM   [__ | __]   THROUGH   [__ | __]

        Month   Day   Month   Day

B.   PATIENTS AND ENCOUNTERS IN THE CALENDAR YEAR

Please report the total number of individual, non-duplicated patients served and the total number of encounters for these patients. Please refer to the INSTRUCTIONS for further detail.

	PATIENTS Col. 1	ENCOUNTERS Col. 2
TOTAL, all locations under this license (Main, Mobile, Satellite, etc.) 19		

Please report the total number of patients and encounters (included above) for Seasonal Agricultural and Migratory Workers.

	PATIENTS Col. 1	ENCOUNTERS Col. 2
TOTAL, Seasonal Agricultural and Migratory Workers and their Dependents 20		

Enter the number of volunteers used during the calendar year .... 21_____

Enter a 1 if your clinic is a 95-210 clinic .... 22_____

Enter a 1 if your clinic is a Federally Qualified Health Center (FQHC) .... 23_____

Enter a 1 if your clinic is a FQHC "look-alike" .... 24_____

Enter a 1 if your clinic provided medical support services to a school system .... 25_____

Enter a 1 if you have a written agreement with an agency to provide or arrange for health services .... 26_____

MAJOR CAPITAL EXPENDITURES

The collection of this data is mandated by Section 127285(c) of the Health and Safety Code, in order to track the effects of CON deregulation since 1987.

List each acquisition of diagnostic or therapeutic equipment over **$500,000** in Table A below.

Table A DIAGNOSTIC/THERAPEUTIC EQUIPMENT ACQUIRED

Line	Market Value Col. 1	OSHPD PROJECT NUMBER Col. 2	Date of Acquisition Col. 3	MEANS OF ACQUISITION 1 = Purchase 2 = Lease 3 = Donation 4 = Other Col. 4
1				
2				
3				
4				

List the building project(s) your facility commenced during the calendar year in Table B below. List those which require an aggregate capital expenditure of over **$1,000,000**.

Table B PROJECTS OVER $1,000,000 COMMENCED DURING THE CALENDAR YEAR

Line	Projected Total Capital Expenditure Col. 1	OSHPD PROJECT NUMBER Col. 2
21		
22		

PRIMARY CARE PRACTITIONERS

Enter the number of full time equivalent *licensed or certified* Primary Care Practitioners providing care in the clinic in Table C below.

Table C LICENSED OR CERTIFIED PRIMARY CARE PRACTITIONERS

Line	Primary Care Practitioners	Number of FTEs
23	Physicians	
24	Physician Assistants	
25	Family Nurse Practitioners	
26	Certified Nurse Midwives	
27	Home Health Nurses or Visiting Nurses	
28	Dentists	

Table D: SERVICE DELIVERY AND NUMBER OF ENCOUNTERS BY PROVIDERS

Line	SERVICE TYPE	Number of Encounters by **Physician Providers** **Col. 1**	Number of Encounters by **Mid-Level Providers** **Col. 2**	Number of Encounters by **Other Providers** **Col. 3**	Number of Encounters by **Dental Providers** **Col. 4**
	A. General Medical Services				
1	Adults (Age 20+)				
2	Adolescents (Age 13-19)				
3	Pediatrics (Age 0-12)				
	B. Preventive Adult Health Services (Age 20+)				
4	Perinatal Services				
5	Public Health Services				
6	All Other Preventive Services				
	C. Preventive Adolescent Health Services (Age 13-19)				
7	Perinatal Services				
8	Public Health Services				
9	All Other Preventive Services				
	D. Preventive Pediatric Health Services (Age 0-12)				
10	Perinatal Services				
11	Public Health Services				
12	All Other Preventive Services				
	E. Family Planning Services (Including vasectomies)				
13	Adults (Age 20+)				
14	Adolescents (Age 13-19)				
15	Pediatrics (Age 0-12)				
	F. Abortions				
16	Adults (Age 20+)				
17	Adolescents (Age 13-19)				
18	Pediatrics (Age 0-12)				
	G. Sexually Transmitted Diseases (Excluding HIV)				
19	Adults (Age 20+)				
20	Adolescents (Age 13-19)				
21	Pediatrics (Age 0-12)				
60*	**TOTAL PAGE 4** (Sum of lines 1-21)*				

*All Column totals _must equal_ Page 6, Line 60

Table D: SERVICE DELIVERY AND NUMBER OF ENCOUNTERS BY PROVIDERS (CONT.)

Line	SERVICE TYPE	Number of Encounters by **Physician Providers** Col. 1	Number of Encounters by **Mid-Level Providers** Col. 2	Number of Encounters by **Other Providers** Col. 3	Number of Encounters by **Dental Providers** Col. 4
	H.　Maternity Care/Delivery Services - Adult (Age 20+)				
22	Prenatal				
23	Total Live Births				
24	Live Births 1500 - 2500 grams (Included in line 23)				
25	Live Births less than 1500 grams (Included in Line 23)				
	I.　Maternity Care/Delivery Services - Adolescent (Age 13-19)	■	■	■	
26	Prenatal				
27	Total Live Births				
28	Live Births 1500 - 2500 grams (Included in line 27)				
29	Live Births less than 1500 grams (Included in line 27)				
	J.　Maternity Care/Delivery Services - Pediatrics (Age 0-12)	■	■	■	
30	Prenatal				
31	Total Live Births				
32	Live Births 1500 - 2500 grams (Included in line 31)				
33	Live Births less than 1500 grams (Included in line 31)				
	K.　HIV Services - Adult (Age 20+)	■	■	■	■
34	Testing				
35	Counseling				
	L.　HIV Services - Adolescent (Age 13-19)	■	■	■	■
36	Testing				
37	Counseling				
	M.　HIV Services - Pediatrics (Age 0-12)	■	■	■	■
38	Testing				
39	Counseling				
	N.　Substance Abuse (alcohol and drug)	■	■	■	■
40	Adults (Age 20+)				
41	Adolescents (Age 13-19)				
42	Pediatrics (Age 0-12)				
59*	**TOTAL PAGE 5** (Sum of lines 22, 23, 26, 27, 30, 31, and 34-42)*				

*All Column totals _must equal_ Page 6, Line 59

TABLE D: SERVICE DELIVERY AND NUMBER OF ENCOUNTERS BY PROVIDERS (CONT.)

Line	SERVICE TYPE	Number of Encounters by **Physician Providers** **Col. 1**	Number of Encounters by **Mid-Level Providers** **Col. 2**	Number of Encounters by **Other Providers** **Col. 3**	Number of Encounters by **Dental Providers** **Col. 4**
	O. Tobacco Cessation and Education				
43	Adults (Age 20+)				
44	Adolescents (Age 13-19)				
45	Pediatrics (Age 0-12)				
	P. Dental Services	■	■	■	
46	Adults (Age 20+)	■	■	■	
47	Adolescents (Age 13-19)	■	■	■	
48	Pediatrics (Age 0-12)	■	■	■	
	Q. Rehabilitation Services (Occupational or physical therapy, speech therapy, related medical, home health)	■	■	■	
49	Adults (Age 20+)				
50	Adolescents (Age 13-19)				
51	Pediatrics (Age 0-12)				
	R. Mental Health Services	■	■	■	
52	Adults (Age 20+)				
53	Adolescents (Age 13-19)				
54	Pediatrics (Age 0-12)				
	S. Other Health Services***	■	■	■	
55	Adults (Age 20+)				
56	Adolescents (Age 13-19)				
57	Pediatrics (Age 0-12)				
58	**TOTAL PAGE 6** (Sum of lines 43-57)				
59	**TOTAL PAGE 5**				
60	**TOTAL PAGE 4**				
61	**GRAND TOTAL** (Pages 4, 5 & 6) @				

***   INCLUDES: but not limited to: Optometry, Chiropractic, Acupuncture, Audiology and Podiatrist

@ Page 6, Line 61 (all columns): encounters from all columns must equal Page 2, Line 19, Column 2

Table E - FINANCIAL & UTILIZATION DATA FOR CALENDAR YEAR

Please round to the nearest dollar, do not enter cents! Do not fill-in shaded areas!

Line	Charges/Revenues By Payment Source COL. 1	Number Of Patients COL. 2	Number of Encounters COL. 3	Charges: 100% Rate COL. 4	Net Revenues COL. 5	Write-offs/ Adjustments COL. 6	Breakout of Write-offs/Adjustments (Col. 5)			
							Sliding Fee Scale Write-offs COL. 7	Free/ Comple- mentary COL. 8	Contractual Adjustments COL. 9	BadDebt COL. 10
1	Medicare									
2	Medi-Cal**									
3	SLIAG									
4	CHDP									
5	MISP									
6	CMSP									
7	EAPC									
8	Other County Programs									
9	Other State Programs (Excluding WIC)									
10	Private Insurance									
11	Patient Pay (Self Pay)									
12	Non-Pay (Free Patients)									
13										
14	All Other Payers									
15	Totals									

Report the following for each payment source for encounters taking place January through December of the reporting year only:

COL 1) Number of patients receiving services funded by the payment source listed.

COL 2) Number of encounters

COL 3) Amount clinic would normally charge at full rates for services provided during the reporting year only. **Exceptions: for such programs as 95-210 or 95-210 look-alike, where the reimbursement is greater than the clinic 100% charge, use program reimbursement rate. In this case there will be no Write-off/Adjustments.** Also report the value of free services provided by Free clinics in this column.

COL 4) Revenues collected and anticipated to be collected for the reporting year encounters only (COL 2). This does not include payments received for services provided in years prior to the reporting year. See "Aging of Accounts" below. There can be no negative numbers on this page.

COL 5) Total amount of write-offs and adjustments (sum of Columns 6-9) for services provided during the reporting year only

COL 6) Amount written off due to sliding-fee (income-determined) adjustments for

services provided during the reporting year only. Eligibility determinations made by other programs, such as Medi-Cal, may be used to supplement the clinic's sliding fee scale process if based on written policy of the clinic and approved by the clinic's governing board.

COL 7) Amount of free services provided during the reporting year. Free services are those provided at no cost to clients.

COL 8) Contractual Adjustment is the difference between the facility's 100% charge for service or procedure and the lessor amount received because of a contractual agreement between the clinic and the Third Party Payer.

COL 9) Bad Debt is the amount not received when payment is expected. Bad debt includes unpaid sliding fee scale payments and patient co-payments.

COLUMN 3= SUM OF COLUMNS 4+5
COLUMN 5= SUM OF COLUMNS 6+7+8+9

**Medi-Cal includes 95-210

FINANCIAL & UTILIZATION DATA FOR CALENDAR YEAR

COMPUTATION OF OPERATING COST

Table F: Annual Operating Costs (expenses) for the clinic.

Line	OPERATING COSTS	Column 1
1	Salaries	
2	Supplies – Office	
3	Supplies – Medical & Dental	
4	Rent/Mortgage	
5	Utilities	
6	Other	
7	**TOTAL Operating Costs***	

Please SPECIFY Other (Line 6) if $ amount is more than 10% of total Operating Costs (Line 7). Use space above.

*Enter this amount on Line 20, Column 3, below.

COMPUTATION OF NET OPERATING REVENUE

Table G

Line	REVENUE SOURCES	CONTRACT Col. 1	GRANT Col. 2	TOTAL Col. 3
10	NET PATIENT REVENUE (use page 7, line 15, column 4)	■	■	
	A. INSTITUTIONAL SUPPORT	■	■	■
12	Federal			
13	State			
14	County			
15	Local (City or District)			
16	Private/Other			
17	HMO	■	■	
18	Donations/Contributions	■	■	
19	Total Operating Revenue	■	■	
20	Less: Operating Expenses	■	■	
21	NET FROM OPERATIONS	■	■	

Table H - OTHER COMMUNITY SERVICES PROVIDED

Provide a contact count for the following services in Column 1.
Remember: a contact is not a patient or an encounter and may be duplicated.

Line		Number of Contacts Col. 1		Line		Number of Contacts Col. 1
1	Outreach			8	Legal	
2	Community Education			9	Environmental Health	
3	Social Services			10	Transportation	
4	Substance Abuse			11	Community Nutrition	
5	Vocational Training/Placement			12	Adult Day Care	
6	Disaster Relief			13	Homeless	
7	Child Care			14	Other, Specify:	

Enter the number 1 if your facility provides bilingual or multilingual services..15_____

Table I - Languages Spoken By Clinic Staff (Other Than English)

Line		Col. 1		Line		Col. 1
16	Armenian			24	Korean	
17	Arabic			25	Portuguese	
18	Chinese (Cantonese)			26	Punjabi	
19	Chinese (Mandarin)			27	Sign Language	
20	French			28	Spanish	
21	German			29	Tagalog	
22	Hindustani			30	Vietnamese	
23	Japanese			31	Other, Specify:	

NOTE: Enter the number 1 on the appropriate line for each language spoken by clinic staff, other than English.

PATIENT PROFILE

PLEASE PROVIDE THE PERCENTAGE of your patient population that does not speak English
(Round to the nearest WHOLE percent)...41_____

From the languages in Table I, enter the line number of the primary language, spoken by your patient population...42_____

PLEASE READ INSTRUCTIONS!

TABLE J.

Line	ADDITIONAL SERVICE INFORMATION	NUMBER Col. 1
3	Reportable Communicable Diseases	
4	Immunizations	
5	**CHDP Assessments**	
	CHDTP Medical Services	
6	Treatments	
7	Referrals-Out	
8	Referrals-In	
	CHDTP Dental Services	
9	Treatments	
10	Referrals-Out	
11	Referrals-In	
	CHDTP Other Services	
12	Treatments	
13	Referrals-Out	
14	Referrals-In	

TABLE L.

Line	AGE CATEGORIES Unduplicated Patient	# of Males Col. 1.	# of Females Col. 2
24	Under 1 year		
25	1-4 years		
26	5-12 years		
27	13-19 years		
28	20-34 years		
29	35-44 years		
30	45-64 years		
31	65 and over		
32	TOTAL @		

@Total from Col. 1 + Col. 2 must equal Page 2, Line 19, Col. 1

TABLE K.

Line	RACE/ETHNICITY Unduplicated Patients	NUMBER OF PATIENTS Col. 1
15	Asian	
16	Black	
17	White	
18	Hispanic	
19	Filipino	
20	Native American	
21	Pacific Islander	
22	Other Non-white	
23	TOTAL @	

@Total must equal Page 2, Line 19, Col. 1

TABLE M

Line	# AT PROVERTY LEVEL* OF UNDUPLICATED PATIENTS	NUMBER OF PATIENTS Col. 1
34	Below 100%	
35	100 – 200%	
36	Above 200 %	
37	TOTAL @	

*Based on yearly income
@Total must equal Page 2, Line 19, Col. 1